

## Section 5 — TOPICAL MODULES

### Part A — WORK SCHEDULE

**CHECK  
ITEM T1**

Is "Worked" (code 170) marked  
on the ISS?

**8000**

1 ☐ Yes — Read Statement C

2 ☐ No — SKIP to Check Item T2, page 56

#### STATEMENT C

**You said . . . worked during (Read reference period months). These next few questions ask about . . . 's work schedule during a typical week that . . . worked during that 4-month period.**

**1a. How many employers did . . . work for during a typical week?**  
(Count self-employed as one employer.)

**8002**

- 1 ☐ 1  
2 ☐ 2  
3 ☐ 3 +

If two or more employers, ask items 1b–h for the first job, then repeat for the second job.

**JOB 1**

**JOB 2**

**b. How many hours per day did . . . work that week?**

**8004**

Hours

**8006**

Hours

**c. How many days did . . . work during that week?**

**8008**

Days

**8010**

Days

**d. Which days of the week were these?**  
Mark (X) all that apply.

**8012**

1 ☐ Monday through Friday

**8016**

2 ☐ Sunday

**8020**

3 ☐ Monday

**8024**

4 ☐ Tuesday

**8028**

5 ☐ Wednesday

**8032**

6 ☐ Thursday

**8036**

7 ☐ Friday

**8040**

8 ☐ Saturday

**8044**

x5 ☐ All seven days

**8014**

1 ☐ Monday through Friday

**8018**

2 ☐ Sunday

**8022**

3 ☐ Monday

**8026**

4 ☐ Tuesday

**8030**

5 ☐ Wednesday

**8034**

6 ☐ Thursday

**8038**

7 ☐ Friday

**8042**

8 ☐ Saturday

**8046**

x5 ☐ All seven days

**e. During that week, at what time of day did . . . begin work most days?**

**8048**

:   { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

**8050**

**8052**

:   { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

**8054**

**f. At what time of day did . . . end work most days?**

**8056**

:   { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

**8058**

**8060**

:   { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

**8062**

NOTES

TOPICAL MODULES

## Section 5 — TOPICAL MODULES (Continued)

### Part A — WORK SCHEDULE (Continued)

1g. Which of the following best describes . . . 's work schedule at this job? (SHOW FLASHCARD KK)  Mark (X) only one.	JOB 1	JOB 2
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8064</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Regular daytime schedule</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Regular evening shift</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Regular night shift</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</div> <div style="margin-bottom: 5px;">7 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8066</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Regular daytime schedule</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Regular evening shift</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Regular night shift</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</div> <div style="margin-bottom: 5px;">7 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div>
h. What is the MAIN reason . . . works (Read shift description marked in item 1g)?  Mark (X) only one.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8068</div> <div style="text-align: center; margin-bottom: 5px;">VOLUNTARY REASONS</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Better child care arrangements</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Better pay</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Better arrangements for care of other family members</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Allows time for school</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Other voluntary reasons</div> <div style="text-align: center; margin-bottom: 5px;">INVOLUNTARY REASONS</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Could not get any other job</div> <div style="margin-bottom: 5px;">7 <input type="checkbox"/> Requirement of the job</div> <div style="margin-bottom: 5px;">8 <input type="checkbox"/> Other involuntary reasons</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8070</div> <div style="text-align: center; margin-bottom: 5px;">VOLUNTARY REASONS</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Better child care arrangements</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Better pay</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Better arrangements for care of other family members</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Allows time for school</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Other voluntary reasons</div> <div style="text-align: center; margin-bottom: 5px;">INVOLUNTARY REASONS</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Could not get any other job</div> <div style="margin-bottom: 5px;">7 <input type="checkbox"/> Requirement of the job</div> <div style="margin-bottom: 5px;">8 <input type="checkbox"/> Other involuntary reasons</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">CHECK ITEM T1.1</div> <div style="margin-bottom: 5px;">Refer to item 1a. Is there another job to ask about? (Is box 2 or 3 marked?)</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8072</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Yes — Ask items 1b through 1h for next job</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> No — Go to Check Item T2, page 56</div>	Go to Check Item T2, page 56

NOTES

## Section 5 — TOPICAL MODULES (Continued)

### Part B — CHILD CARE

<b>CHECK ITEM T2</b>	<i>Refer to cc items 27 and 24.</i> Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	<b>8100</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T12, page 61</i>
<b>CHECK ITEM T3</b>	Is "Worked" (code 170) marked on the ISS?	<b>8102</b> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM T4</b>	<i>Refer to item 30a, page 13.</i> Was . . . enrolled in school during the reference period?	<b>8103</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T5</i>
<b>1. About how many hours per week did . . . usually spend in school last month?</b>		<b>8104</b> <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Not enrolled last month <span style="font-size: 2em; vertical-align: middle;">}</span> <i>SKIP to Check Item T6</i>
<b>CHECK ITEM T5</b>	<i>Refer to item 2a, page 2.</i> Did . . . spend any time looking for work or on layoff from a job during the reference period?	<b>8106</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T12, page 61</i>
<b>2. About how many hours per week did . . . usually spend looking for a job last month?</b>		<b>8108</b> <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Did not look for a job last month — <i>SKIP to Check Item T12, page 61</i>

NOTES



# Section 5 — TOPICAL MODULES (Continued)

## Part B — CHILD CARE (Continued)

CHECK ITEM T6	Refer to cc items 18, 19, 24, and 27.	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST	
		Person No.	Age	Person No.	Age	Person No.	Age
	Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.	8114		8116		8118	
		Name		Name		Name	
ASK 3a—5d for the youngest child and then ask 3a—5d for the second and third youngest.							
<p><b>Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job).</b></p> <p><b>3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that ... worked (was in school/was looking for a job)?</b></p> <p><i>Mark the arrangement in which the child spent the most hours in a typical week last month.</i></p> <p><i>Mark (X) only one box.</i></p>	8120	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or ... not guardian as of last month <input type="checkbox"/> ... did not work, go to school, or look for job last month	8122	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or ... not guardian as of last month	8124	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or ... not guardian as of last month	SKIP to Check Item T7 SKIP to next child or Check Item T12, page 61 SKIP to T12 page 61
	8126	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8128	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8130	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	
	8132	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3f, page 58	8134	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3f, page 58	8136	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3f, page 58	
	8138	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3f, page 58	8140	<input type="checkbox"/> Yes — SKIP to 3d <input type="checkbox"/> No — SKIP to 3f, page 58	8142	<input type="checkbox"/> Yes — SKIP to 3d <input type="checkbox"/> No — SKIP to 3f, page 58	
	8144	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3e					
	8146	<input type="checkbox"/> Payment for youngest child separately <input type="checkbox"/> Includes another child	8148	<input type="checkbox"/> Payment for second youngest child separately <input type="checkbox"/> Includes another child	8150	<input type="checkbox"/> Payment for third youngest child separately <input type="checkbox"/> Includes another child	
	8152	\$ . 00 Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest	8154	\$ . 00 Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest	8156	\$ . 00 Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest	

# Section 5 – TOPICAL MODULES (Continued)

## Part B – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<b>3f.</b> About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job) last month?	<b>8158</b> <input type="text"/> <input type="text"/> Hours	<b>8160</b> <input type="text"/> <input type="text"/> Hours	<b>8162</b> <input type="text"/> <input type="text"/> Hours
<b>g.</b> Was any other arrangement usually used for (Name of child) in a typical week last month?	<b>8164</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11	<b>8166</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11	<b>8168</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
<b>4a.</b> What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked (was in school/ was looking for a job)?  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	<b>8170</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) } SKIP to Check Item T9	<b>8172</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) } SKIP to Check Item T9	<b>8174</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) } SKIP to Check Item T9
<b>b.</b> Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	<b>8176</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8178</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8180</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
<b>CHECK ITEM T9</b> Is box 3–8 marked in item 4a?	<b>8182</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8184</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8186</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
<b>4c.</b> Was any money payment usually made for this arrangement?	<b>8188</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8190</b> 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f	<b>8192</b> 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f
<b>CHECK ITEM T10</b> Are there 2 or more children listed in Check Item T6?	<b>8194</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4e		
<b>4d.</b> ASK OR VERIFY – Does ... (or ...'s family) pay for (Name of child's) child care separately, or does the payment for the care you just described also cover some other child?	<b>8196</b> 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8198</b> 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8200</b> 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
<b>e.</b> ASK OR VERIFY – In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	<b>8202</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	<b>8204</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	<b>8206</b> \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
<b>f.</b> About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job)?	<b>8208</b> <input type="text"/> <input type="text"/> Hours	<b>8210</b> <input type="text"/> <input type="text"/> Hours	<b>8212</b> <input type="text"/> <input type="text"/> Hours



# Section 5 — TOPICAL MODULES (Continued)

## Part B — CHILD CARE (Continued)

CHECK ITEM T11	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Refer to Check Item T6. Is (Name of child) less than 5 years old?	<b>8214</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b	<b>8216</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b	<b>8218</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b
<b>5a.</b> During the past 12 months, did ... make any changes in the arrangements used for (Name of child) for 1 week or more during the time ... was working (at school/looking for a job)? <i>Do not consider temporary changes for less than 1 week. If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i>	<b>8220</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	<b>8222</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	<b>8224</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1
<b>b.</b> During the past 12 months, did ... make any changes in the arrangements used for (Name of child) during the time ... was working (at school/looking for a job)? Consider only changes that lasted for 1 week or more, including changes over the summer or between (Name of child's) school terms. Do not count changes in teachers or schools as a change of arrangement. <i>If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i>	<b>8226</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	<b>8228</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	<b>8230</b> 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1
<b>c.</b> Excluding any time spent in kindergarten or grade school, how many different arrangements did (Name of child) use in the last 12 months. <i>Include only arrangements lasting for 1 week or more. Do not count different school grades or terms as a different arrangement.</i>	<b>8232</b> <input type="text"/> Arrangements	<b>8234</b> <input type="text"/> Arrangements	<b>8236</b> <input type="text"/> Arrangements
<b>d.</b> For what reason(s) did the child care arrangements change? <i>Mark (X) all that apply.</i>	<b>8238</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8244</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8250</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8256</b> 4 <input type="checkbox"/> Cost <b>8262</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8268</b> 6 <input type="checkbox"/> Reliability of care provider <b>8274</b> 7 <input type="checkbox"/> Quality of care provided <b>8280</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8286</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8292</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8298</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8304</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8310</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8316</b> 14 <input type="checkbox"/> Other — Specify <input type="text"/>  <i>SKIP to next child or Check Item T11.1</i>	<b>8240</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8246</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8252</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8258</b> 4 <input type="checkbox"/> Cost <b>8264</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8270</b> 6 <input type="checkbox"/> Reliability of care provider <b>8276</b> 7 <input type="checkbox"/> Quality of care provided <b>8282</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8288</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8294</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8300</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8306</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8312</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8318</b> 14 <input type="checkbox"/> Other — Specify <input type="text"/>  <i>SKIP to next child or Check Item T11.1</i>	<b>8242</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8248</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8254</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8260</b> 4 <input type="checkbox"/> Cost <b>8266</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8272</b> 6 <input type="checkbox"/> Reliability of care provider <b>8278</b> 7 <input type="checkbox"/> Quality of care provided <b>8284</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8290</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8296</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8302</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8308</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8314</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8320</b> 14 <input type="checkbox"/> Other — Specify <input type="text"/>  <i>Go Check Item T11.1</i>

## Section 5 — TOPICAL MODULES (Continued)

### Part B — CHILD CARE (Continued)

**CHECK  
ITEM T11.1**

Refer to cc items 27 and 24.

Is . . . the designated parent or guardian  
of 4 or more children under 15 years of  
age who live in this household?

**8322**

- 1 ☐ Yes  
2 ☐ No — SKIP to 6b

**6a. Considering all of . . . 's children under 15 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?**

*(Exclude the cost of school tuition for kindergarten, elementary, or secondary school.)*

**8324**

\$  .  00 Per week

- x2 ☐ All costs already recorded for the three youngest children

**b. During (Last month), were any changes made in the child care arrangements used for any of your children because the child care provider who usually took care of the child(ren) was not available?**

*(Include both unexpected and anticipated losses of child care providers, even for part of the day.)*

**8326**

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T12

**c. When these changes in arrangements occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting)?**

**8328**

- 1 ☐ Yes, respondent lost time  
2 ☐ Yes, spouse lost time  
3 ☐ Both, respondent and spouse lost time  
4 ☐ No  
x1 ☐ Don't know

**NOTES**

# Section 5 — TOPICAL MODULES (Continued)

## Part C — CHILD SUPPORT AGREEMENTS

**CHECK  
ITEM T12**

Refer to cc items 24 and 25.  
Is . . . the parent of children under  
21 years of age who live in this  
household?

8400

- 1 ☐ Yes  
2 ☐ No — SKIP to part D, page 66

**1a. Does . . . have any children in this household  
under 21 years of age who have a parent living  
elsewhere?**

(Do not include stepparents or parents who would be  
living at home except for military or other job related  
absences.)

8402

- 1 ☐ Yes  
2 ☐ No — SKIP to part D, page 66

**b. These next few questions concern child support.  
Have child support payments ever been agreed  
to or awarded for (any of) . . . 's children living  
here?**

8404

- 1 ☐ Yes  
2 ☐ No — SKIP to 4a, page 64

**c. For how many children?**

8406

Children

**2a. In some cases, child support agreements are  
made and then later modified or revised. The  
following questions relate to the most recent initial  
agreement and any subsequent modifications of  
that agreement.**

Was this agreement a voluntary written agreement  
ratified by the court, a court-ordered agreement,  
some other type of written agreement, or a  
non-written (verbal) agreement?

8408

- 1 ☐ Voluntary written agreement ratified by  
the court  
2 ☐ Court-ordered agreement  
3 ☐ Other type of written agreement — Specify ☒  
\_\_\_\_\_  
\_\_\_\_\_  
4 ☐ Non-written agreement — SKIP to Check  
Item T14, page 63

**b. Which children living here are covered by that  
agreement?**

8410

X5 ☐ All 8411 X3 ☐ None

OR

Person No. Name

8412

8414

8416

**c. In what year was this agreement FIRST reached?**

8418

1 9

X1 ☐ DK

**d. What was the dollar amount of that agreement?**

8420

\$  . 00 Per week

8422

\$  . 00 Biweekly

8424

\$  . 00 Per month

8426

\$  . 00 Per year

8428

X1 ☐ DK

**e. Has the dollar amount ever been changed?**

8430

- 1 ☐ Yes  
2 ☐ No — SKIP to 2h

**f. In what year was the amount LAST changed?**

8432

1 9

X1 ☐ DK

**g. What was the dollar amount for the agreement  
after the last change?**

8434

\$  . 00 Per week

8436

\$  . 00 Biweekly

8438

\$  . 00 Per month

8440

\$  . 00 Per year

8442

X1 ☐ DK



# Section 5 — TOPICAL MODULES (Continued)

## Part C — CHILD SUPPORT AGREEMENTS (Continued)

<b>2h. Were any payments due in the last 12 months?</b>	<b>8444</b> 1 <input type="checkbox"/> Yes — SKIP to 2j 2 <input type="checkbox"/> No
<b>i. Why were no payments due in the last 12 months?</b>	<b>8446</b> 1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent not working 3 <input type="checkbox"/> Other parent deceased 4 <input type="checkbox"/> Other — Specify <u>      </u> } SKIP to 2o
<b>j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?</b>	<b>8448</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
<b>k. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?</b>	<b>8450</b> \$ <input type="text"/> . <input type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK
<b>l. How are the payments now received? Are they received — (Read responses.)</b>	<b>8452</b> 1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare or child support agency? 4 <input type="checkbox"/> Some other method? — Specify <u>      </u> x1 <input type="checkbox"/> DK
<b>m. How regularly are child support payments received? Are they received — (Read responses.)</b>	<b>8454</b> 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time
<b>n. During the past 12 months, how many child support payments were paid within 30 days of when they were due? (Read responses.)</b>	<b>8456</b> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Some 4 <input type="checkbox"/> None
<b>o. What kinds of provisions for health care costs are included in the child support agreement?</b> Mark (X) all that apply.	<b>8458</b> 1 <input type="checkbox"/> Non-custodial parent to provide health insurance <b>8460</b> 2 <input type="checkbox"/> Custodial parent to provide health insurance <b>8462</b> 3 <input type="checkbox"/> Non-custodial parent to pay medical costs directly <b>8464</b> 4 <input type="checkbox"/> Child support payments to include cash medical support <b>8466</b> 5 <input type="checkbox"/> None <b>8468</b> 6 <input type="checkbox"/> Other — Specify <u>      </u>
<b>p. What child custody arrangements does the most recent agreement specify?</b>	<b>8470</b> 1 <input type="checkbox"/> Joint legal and physical custody 2 <input type="checkbox"/> Joint legal with mother physical custody 3 <input type="checkbox"/> Joint legal with father physical custody 4 <input type="checkbox"/> Mother legal and physical custody 5 <input type="checkbox"/> Father legal and physical custody 6 <input type="checkbox"/> Split custody 7 <input type="checkbox"/> Other — Specify <u>      </u>
<b>q. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?</b>	<b>8472</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

# Section 5 — TOPICAL MODULES (Continued)

## Part C — CHILD SUPPORT AGREEMENTS (Continued)

<b>CHECK ITEM T13</b>	Refer to items 1c and 2b. Is more than one child covered by the most recent agreement?	8474 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2s								
2r. Did all the children visit the other parent about the same number of days in the last 12 months?	8476 1 <input type="checkbox"/> Yes — ASK 2s for all children 2 <input type="checkbox"/> No — ASK 2s for oldest child									
s. What is the total amount of time (the oldest) (all) child(ren) spent visiting the other parent in the last 12 months?	8478 <input type="text"/> <input type="text"/> <input type="text"/> Days 8480 <input type="text"/> <input type="text"/> Weeks 8482 <input type="text"/> <input type="text"/> Months 8484 x3 <input type="checkbox"/> None 8486 x1 <input type="checkbox"/> DK									
t. Where does the other parent (for this agreement) now live?	8488 1 <input type="checkbox"/> Same county/city 2 <input type="checkbox"/> Same State (different county/city) 3 <input type="checkbox"/> Different State 4 <input type="checkbox"/> Other parent now deceased — SKIP to Check Item T14 5 <input type="checkbox"/> Other — Specify <input type="checkbox"/> x1 <input type="checkbox"/> DK									
u. If . . . had to contact the other parent, how would . . . do so? Would . . . contact the other parent — (Read responses.) Mark (X) only one.	8490 1 <input type="checkbox"/> Directly? 2 <input type="checkbox"/> Through a friend? 3 <input type="checkbox"/> Through a relative? 4 <input type="checkbox"/> Other — Specify <input type="checkbox"/> 5 <input type="checkbox"/> No way of contacting other parent									
<b>CHECK ITEM T14</b>	Refer to items 1c, 2b, and the Control Card Household Roster. Does . . . have any children living in this household not covered by the most recent child support agreement?	8492 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a, page 64								
3a. (Other than the support agreement discussed above), are any of . . . 's other children in this household covered by another written child support agreement?	8494 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a, page 64									
b. How many other agreements?	8496 <input type="text"/> Number									
c. The following questions relate to the most recent of these agreements. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, or some other type of written agreement?	8498 1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement — Specify <input type="checkbox"/>									
d. Which children living here are covered by this agreement?	<table border="1"> <thead> <tr> <th>Person No.</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>8500 <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>8502 <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>8504 <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Person No.	Name	8500 <input type="text"/>	<input type="text"/>	8502 <input type="text"/>	<input type="text"/>	8504 <input type="text"/>	<input type="text"/>	
Person No.	Name									
8500 <input type="text"/>	<input type="text"/>									
8502 <input type="text"/>	<input type="text"/>									
8504 <input type="text"/>	<input type="text"/>									
8. What is the total amount that . . . was supposed to have received in child support payments under this agreement, during the last 12 months?	8506 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per week 8508 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Weekly 8510 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per month 8512 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per year 8513 x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None									

## Section 5 — TOPICAL MODULES (Continued)

### Part C — CHILD SUPPORT AGREEMENTS (Continued)

<b>3f. What is the total amount that . . . actually received in child support payments under this agreement, during the last 12 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8516</div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK
<b>g. Where does the other parent (for this agreement) now live?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8518</div> 1 <input type="checkbox"/> Same county/city 2 <input type="checkbox"/> Same State (different county/city) 3 <input type="checkbox"/> Different State 4 <input type="checkbox"/> Other parent now deceased 5 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>  x1 <input type="checkbox"/> DK
<b>4a. For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8520</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T15
<b>b. In what year did . . . LAST ASK for help?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8522</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">1 9 <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span></div> x1 <input type="checkbox"/> DK
<b>c. What type of help did . . . ask for (Last contact)?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8524</div> 1 <input type="checkbox"/> Locate the other parent <div style="border: 1px solid black; padding: 2px; display: inline-block;">8526</div> 2 <input type="checkbox"/> Establish paternity/maternity <div style="border: 1px solid black; padding: 2px; display: inline-block;">8528</div> 3 <input type="checkbox"/> Establish support obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">8530</div> 4 <input type="checkbox"/> Establish medical support <div style="border: 1px solid black; padding: 2px; display: inline-block;">8532</div> 5 <input type="checkbox"/> Enforce support order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8534</div> 6 <input type="checkbox"/> Modify an order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8536</div> 7 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>  <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<b>d. Did . . . receive any help from the agency (Last contact)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8538</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T15
<b>e. What kind of help did . . . receive (Last contact)?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8540</div> 1 <input type="checkbox"/> Locate the other parent <div style="border: 1px solid black; padding: 2px; display: inline-block;">8542</div> 2 <input type="checkbox"/> Establish paternity/maternity <div style="border: 1px solid black; padding: 2px; display: inline-block;">8544</div> 3 <input type="checkbox"/> Establish support obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">8546</div> 4 <input type="checkbox"/> Establish medical support <div style="border: 1px solid black; padding: 2px; display: inline-block;">8548</div> 5 <input type="checkbox"/> Enforce support order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8550</div> 6 <input type="checkbox"/> Modify an order <div style="border: 1px solid black; padding: 2px; display: inline-block;">8552</div> 7 <input type="checkbox"/> Other — Specify <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>  <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">CHECK ITEM T15</div> <b>Refer to item 2b.</b> Are all children in the household covered by the most recent agreement?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8554</div> 1 <input type="checkbox"/> Yes — SKIP to 5f 2 <input type="checkbox"/> No
<b>NOTES</b>	



# Section 5 — TOPICAL MODULES (Continued)

## Part C — CHILD SUPPORT AGREEMENTS (Continued)

<b>5a. How many children living in . . . 's household do not have a child support award from an absent parent?</b>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Number</div> x3 <input type="checkbox"/> None — SKIP to 5f						
<b>b. Do all of . . . 's children without a child support award have the same absent parent?</b>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Yes — ASK 5c, 5d, and 5e only for youngest child WITHOUT an award.  2 <input type="checkbox"/> No — ASK 5c, 5d, and 5e for youngest child WITHOUT an award; and if more than two children, ask 5c, 5d, and 5e for oldest child WITHOUT an award </div>						
<b>c. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award?</b>  <i>Record person number of child.</i> <i>Mark (X) all that apply.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">YOUNGEST CHILD</th> <th style="width: 50%; text-align: center;">OLDEST CHILD</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div> </td> <td style="padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div> </td> </tr> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div> </td> <td style="padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div> </td> </tr> </tbody> </table>	YOUNGEST CHILD	OLDEST CHILD	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div>
YOUNGEST CHILD	OLDEST CHILD						
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">Person number</div>						
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Paternity not established  2 <input type="checkbox"/> Unable to locate parent  3 <input type="checkbox"/> Father unable to pay  4 <input type="checkbox"/> Final agreement pending  5 <input type="checkbox"/> Accepted property settlement in lieu of child support  6 <input type="checkbox"/> Do not want child support  7 <input type="checkbox"/> Did not pursue award  8 <input type="checkbox"/> Other — Specify _____ </div>						
<b>d. Where does the other parent for this (youngest) (oldest) child now live?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div> </td> <td style="width: 50%; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div> </td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>x1 <input type="checkbox"/> Don't know</span> <span>x1 <input type="checkbox"/> Don't know</span> </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div>				
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Same county/city  2 <input type="checkbox"/> Same state (different county/city)  3 <input type="checkbox"/> Different state  4 <input type="checkbox"/> Other parent deceased  5 <input type="checkbox"/> Other — Specify _____ </div>						
<b>e. If . . . had to contact the other parent for (youngest) (oldest) child, (without an award), how would . . . do so? Would . . . contact the other parent — (Read responses.)</b>  <i>Mark (X) one.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div> </td> <td style="width: 50%; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div> </td> </tr> </tbody> </table>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div>				
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Directly?  2 <input type="checkbox"/> Through a friend?  3 <input type="checkbox"/> Through a relative?  4 <input type="checkbox"/> Other — Specify _____   5 <input type="checkbox"/> No way of contacting other parent </div>						
<b>f. Were any child support payments received in the last 12 months without a written child support agreement for any of . . . 's children under age 21 living here?</b>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 5h </div>						
<b>g. What is the total amount that . . . received in child support payments under this arrangement in the past 12 months?</b>	<div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;">\$ . 00</div> OR x1 <input type="checkbox"/> DK						
<b>h. Were any non-cash items or services for child support received for any of . . . 's children?</b>	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="display: inline-block; vertical-align: middle;"> 1 <input type="checkbox"/> Yes — Specify _____   2 <input type="checkbox"/> No </div>						

# Section 5 — TOPICAL MODULES (Continued)

## Part D — SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household?	8700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part E, page 68
2a. Did . . . make regular payments, lump-sum payments, or both?	8702	1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both
b. Were any of these payments for the support of . . . 's child or children under 21 years of age?	8704	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5b
c. For how many children did . . . make support payments?	8706	<input type="text"/> Children x1 <input type="checkbox"/> DK
d. Were any of these payments the result of a court order or some other kind of written agreement?	8708	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4d
3a. These next few questions relate to the most recent child support agreement for . . . 's children. How many children are covered by that agreement?	8710	<input type="text"/> Children x1 <input type="checkbox"/> DK
b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?	8712	1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement — Specify _____ 4 <input type="checkbox"/> Non-written agreement — SKIP to 4a
c. In what year was this agreement FIRST reached?	8714	1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
d. Has the dollar amount originally agreed to ever been changed?	8716	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3f
e. In what year was the amount last changed?	8718	1 <input type="text"/> 9 <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
f. Is . . . still supposed to pay child support?	8720	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. How much did . . . pay in child support under this agreement during the past 12 months?	8722	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
h. Are these payments made — (Read responses.)	8724	1 <input type="checkbox"/> Through employment related wage withholding? 2 <input type="checkbox"/> Directly to the other parent? 3 <input type="checkbox"/> Directly to the court? 4 <input type="checkbox"/> Directly to a child support agency? 5 <input type="checkbox"/> Other — Specify _____ x1 <input type="checkbox"/> DK



# Section 5 — TOPICAL MODULES (Continued)

## Part D — SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

<b>3i. What kinds of provisions for health care costs were included in the child support agreement?</b> Mark (X) all that apply.		<b>8726</b> <input type="checkbox"/> Non-custodial parent to provide health insurance <b>8728</b> <input type="checkbox"/> Custodial parent to provide health insurance <b>8730</b> <input type="checkbox"/> Non-custodial parent to pay medical costs directly <b>8732</b> <input type="checkbox"/> Child support payments to include cash medical support <b>8734</b> <input type="checkbox"/> Other — Specify <input checked="" type="checkbox"/> _____ <b>8736</b> x3 <input type="checkbox"/> None				
<b>4a. (Other than the most recent support agreement discussed above), were any of ...'s other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?</b>		<b>8738</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4c				
<b>b. How much did ... pay in child support for this/these agreement(s) during the past 12 months?</b>		<b>8740</b> \$ _____ . 00 x1 <input type="checkbox"/> DK				
<b>c. Were any child support payments made without a written child support agreement for ...'s children under age 21 during the past 12 months?</b>		<b>8742</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a				
<b>d. How much did ... pay for child support under this arrangement during the past 12 months?</b>		<b>8744</b> \$ _____ . 00 x1 <input type="checkbox"/> DK				
<b>5a. During the past 12 months, did ... make regular payments for the support of any other person not living in ...'s household?</b>		<b>8746</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part E, page 68				
<b>b. For how many (other) persons did ... make support payments?</b>		<b>8748</b> <input type="text"/> Persons x1 <input type="checkbox"/> DK				
<b>c. How is this person related to ...?</b>		<table border="1"> <thead> <tr> <th>FIRST PERSON</th> <th>SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td> <b>8750</b> 1 <input type="checkbox"/> Parent            2 <input type="checkbox"/> Spouse            3 <input type="checkbox"/> Ex-spouse            4 <input type="checkbox"/> Child under 21            5 <input type="checkbox"/> Child 21 or older            6 <input type="checkbox"/> Other relative            7 <input type="checkbox"/> Not related         </td> <td> <b>8752</b> 1 <input type="checkbox"/> Parent            2 <input type="checkbox"/> Spouse            3 <input type="checkbox"/> Ex-spouse            4 <input type="checkbox"/> Child under 21            5 <input type="checkbox"/> Child 21 or older            6 <input type="checkbox"/> Other relative            7 <input type="checkbox"/> Not related         </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<b>8750</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related	<b>8752</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related
FIRST PERSON	SECOND PERSON					
<b>8750</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related	<b>8752</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related					
<b>d. Where was this person most often living during the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?</b>		<table border="1"> <tbody> <tr> <td> <b>8754</b> 1 <input type="checkbox"/> Private home or apartment            2 <input type="checkbox"/> Nursing home            3 <input type="checkbox"/> Someplace else         </td> <td> <b>8756</b> 1 <input type="checkbox"/> Private home or apartment            2 <input type="checkbox"/> Nursing home            3 <input type="checkbox"/> Someplace else         </td> </tr> </tbody> </table>	<b>8754</b> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else	<b>8756</b> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else		
<b>8754</b> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else	<b>8756</b> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else					
<b>e. How much did ... pay for the support of this person during the past 12 months?</b>		<table border="1"> <tbody> <tr> <td> <b>8758</b> \$ _____ . 00            x1 <input type="checkbox"/> DK         </td> <td> <b>8760</b> \$ _____ . 00            x1 <input type="checkbox"/> DK         </td> </tr> </tbody> </table>	<b>8758</b> \$ _____ . 00 x1 <input type="checkbox"/> DK	<b>8760</b> \$ _____ . 00 x1 <input type="checkbox"/> DK		
<b>8758</b> \$ _____ . 00 x1 <input type="checkbox"/> DK	<b>8760</b> \$ _____ . 00 x1 <input type="checkbox"/> DK					
<b>CHECK ITEM T16</b> Is the entry in item 5b "03" or more?		<b>8762</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part E, page 68				
<b>6. How much did ... pay during the past 12 months for the support of the other persons that we have not talked about already?</b>		<b>8764</b> \$ _____ . 00 x1 <input type="checkbox"/> DK				



## Section 5 — TOPICAL MODULES (Continued)

### Part E — FUNCTIONAL LIMITATIONS AND DISABILITY

<p><b>1. These next few questions are about ...'s health. Would you say ...'s health in general is excellent, very good, good, fair, or poor?</b></p>	<p><b>8800</b> 1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>
<p><i>Mark by observation if apparent.</i></p> <p><b>2. Does ... use any of the following aids to get around?</b></p> <p><b>a. A cane, crutches, or a walker</b> .....</p> <p><b>b. A wheelchair</b> .....</p>	<p><b>8802</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <p><b>8804</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM T17</b> Is "Yes" marked in 2a or 2b above?</p>	<p><b>8806</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — <i>SKIP to 4a</i></p>
<p><b>3. Has ... used (Aid mentioned in 2a or 2b) for six months or longer?</b></p>	<p><b>8808</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>4a. Does ... have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if ... usually wears them?</b></p>	<p><b>8810</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 5a</i></p>
<p><b>b. Is ... able to see the words and letters in ordinary newsprint at all?</b></p>	<p><b>8812</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>5a. Does ... have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if ... usually wears one)?</b></p>	<p><b>8814</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 6a</i></p>
<p><b>b. Is ... able to hear what is said in a normal conversation at all?</b></p>	<p><b>8816</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>6a. Because of a health condition or problem, does ... have any difficulty having his/her speech understood?</b></p>	<p><b>8818</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 7a</i></p>
<p><b>b. Is ... able to have his/her speech understood at all?</b></p>	<p><b>8820</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>7a. Does ... have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</b></p>	<p><b>8822</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 8a</i></p>
<p><b>b. Is ... able to lift and carry this much weight at all?</b></p>	<p><b>8824</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>8a. Does ... have any difficulty climbing a flight of stairs without resting?</b></p>	<p><b>8826</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 9a</i></p>
<p><b>b. Is ... able to climb a flight of stairs without resting at all?</b></p>	<p><b>8828</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>9a. Does ... have any difficulty walking a quarter of a mile — about 3 city blocks?</b></p>	<p><b>8830</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 10a</i></p>
<p><b>b. Is ... able to walk a quarter of a mile at all?</b></p>	<p><b>8832</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>10a. Does ... have any difficulty using the telephone?</b></p>	<p><b>8834</b> 1 <input type="checkbox"/> Has difficulty  2 <input type="checkbox"/> No difficulty — <i>SKIP to 11a</i></p>
<p><b>b. Is ... able to use the telephone at all?</b></p>	<p><b>8836</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>

# Section 5 — TOPICAL MODULES (Continued)

## Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

**11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.**

FIELD REPRESENTATIVE  
INSTRUCTION

Repeat lead-in as necessary.

**11b. Does . . . need the help of another person with (Name of activity)?**

Mark "Yes" if person sometimes needs help or usually needs help.

(1) Getting around INSIDE the home?

8838

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8839

1 ☐ Yes  
2 ☐ No

(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?

8840

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8841

1 ☐ Yes  
2 ☐ No

(3) Getting in and out of bed or a chair?

8842

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8843

1 ☐ Yes  
2 ☐ No

(4) Taking a bath or shower?

8844

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8845

1 ☐ Yes  
2 ☐ No

(5) Dressing?

8846

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8847

1 ☐ Yes  
2 ☐ No

(6) Walking?

8848

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8849

1 ☐ Yes  
2 ☐ No

(7) Eating?

8850

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8851

1 ☐ Yes  
2 ☐ No

(8) Using the toilet, including getting to the toilet?

8852

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8853

1 ☐ Yes  
2 ☐ No

(9) Keeping track of money and bills?

8854

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8855

1 ☐ Yes  
2 ☐ No

(10) Preparing meals?

8856

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8857

1 ☐ Yes  
2 ☐ No

(11) Doing light housework, such as washing dishes or sweeping a floor?

8858

1 ☐ Has difficulty — ASK 11b  
2 ☐ No difficulty

8859

1 ☐ Yes  
2 ☐ No

**CHECK  
ITEM T18**

Is "Yes" marked in item 11b for any of the activities listed above?

8860

1 ☐ Yes — Go to 12a  
2 ☐ No — SKIP to  
Check Item T19

NOTES

# Section 5 — TOPICAL MODULES (Continued)

## Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<p><b>12a.</b> You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?</p> <p>Anyone else?</p>	<p>FIRST HELPER</p> <p>RELATIVE</p> <p>8876 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help — SKIP to 13</p>	<p>SECOND HELPER</p> <p>RELATIVE</p> <p>8878 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative</p>
<p>ASK OR VERIFY —</p> <p><b>b.</b> Is (Person mentioned above) a household member?</p>	<p>FIRST HELPER</p> <p>8880 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>8883 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8885 2 <input type="checkbox"/> No</p>	<p>SECOND HELPER</p> <p>8882 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>8884 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8886 2 <input type="checkbox"/> No</p>
<p><b>c.</b> For how long has . . . needed the help of another person?</p>	<p>8887 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 11 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 5 years 5 <input type="checkbox"/> More than 5 years</p>	
<p>ASK OR VERIFY —</p> <p><b>d.</b> During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?</p>	<p>8888 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 13</p>	
<p><b>e.</b> How much was paid for such help in (Read last month)?</p>	<p>8889 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>	
<p><b>CHECK ITEM T19</b> Is "Has difficulty" marked in items 7a, 8a, 9a, 10a, or 11a for any activity?</p>	<p>8890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15</p>	
<p>(SHOW FLASHCARD AA)</p> <p><b>13.</b> I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?</p>	<p>8892 <input type="text"/> First condition</p> <p>8894 <input type="text"/> Second condition</p> <p>8896 <input type="text"/> Third condition</p>	
<p><b>CHECK ITEM T20</b> Are two or more conditions entered in item 13?</p>	<p>8898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15</p>	
<p><b>14.</b> Which of the conditions do you consider to be the main reason for . . . 's difficulty?</p>	<p>8900 <input type="text"/> Main condition</p>	
<p><b>15.</b> Does . . . have —</p> <p><b>a.</b> A learning disability such as dyslexia? . . .</p> <p><b>b.</b> Mental retardation? . . .</p> <p><b>c.</b> A developmental disability such as autism or cerebral palsy? . . .</p> <p><b>d.</b> Alzheimers disease, senility, or dementia? . . .</p> <p><b>e.</b> Any other mental or emotional condition? . . .</p>	<p>8902 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8904 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8906 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	



Section 5 — TOPICAL MODULES (Continued)	
Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)	
<b>CHECK ITEM T21</b> Refer to cc item 24. What is ...'s age?	<b>8912</b> 1 <input type="checkbox"/> 15 years old — SKIP to Check Item T27 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older — SKIP to 18a
<b>CHECK ITEM T22</b> Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for ...?	<b>8914</b> 1 <input type="checkbox"/> Yes — SKIP to 16 2 <input type="checkbox"/> No
<b>CHECK ITEM T23</b> Is "Disabled" (code 171) marked on the ISS for ...?	<b>8916</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
<b>16.</b> We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	<b>8918</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T24 2 <input type="checkbox"/> No — SKIP to 18a
<b>17a.</b> Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	<b>8920</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to 18a
<b>CHECK ITEM T24</b> Is "Worked" (code 170) marked on ISS?	<b>8922</b> 1 <input type="checkbox"/> Yes — SKIP to 18a 2 <input type="checkbox"/> No
<b>17b.</b> Does ...'s health or condition prevent ... from working at a job or business?	<b>8924</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>18a.</b> Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do around the house?	<b>8926</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T25
<b>b.</b> Does ...'s health or condition completely prevent ... from doing work around the house?	<b>8928</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T25</b> Is "Yes" marked in 16, 17a, or 18a?	<b>8930</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T27
<b>19.</b> (SHOW FLASHCARD AA) I have marked that ... is limited in working at a job or around the house — Which condition or conditions on this card are the cause of this limitation? Any other condition?	<b>8932</b> <input type="checkbox"/> First condition <b>8934</b> <input type="checkbox"/> Second condition <b>8936</b> <input type="checkbox"/> Third condition
<b>CHECK ITEM T26</b> Are two or more conditions entered in item 19?	<b>8938</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T27
<b>20.</b> Which of the conditions do you consider the main reason for the limitation?	<b>8940</b> <input type="checkbox"/> Main condition
<b>CHECK ITEM T27</b> Refer to cc items 24 and 27. Is ... the designated parent or guardian of children under the age of 6 who live in this household?	<b>8942</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T28
<b>21a.</b> Because of a physical, learning, or mental health condition, do any of ...'s children under 6 years of age have any limitations at all in the usual kind of activities done by most children their age?	<b>8944</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 22a
<b>b.</b> Which children have activity limitations?	Person No.      Name <b>8946</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <b>8948</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <b>8950</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____

## Section 5 — TOPICAL MODULES (Continued)

### Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<b>22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs?</b>	<b>8952</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T28
<b>b. Which children have received these services?</b>	Person No.      Name <b>8954</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8956</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8958</b> <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>CHECK ITEM T28</b> Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children between the ages of 6 and 21 who live in this household?	<b>8960</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
<b>23a. Because of a physical, learning, or mental health condition, do any of . . . 's children between the ages of 6 and 21 have limitations in their ability to do regular school work?</b>	<b>8962</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
<b>b. Which children have difficulty doing regular school work?</b>	Person No.      Name <b>8964</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8966</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8968</b> <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services?</b>	<b>8970</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
<b>b. Which children have received special education services?</b>	Person No.      Name <b>8972</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8974</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8976</b> <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services?</b>	<b>8978</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
<b>b. Which children are currently receiving special education services?</b>	Person No.      Name <b>8980</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8982</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8984</b> <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>CHECK ITEM T29</b> Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children between the ages of 3 and 14 who live in this household?	<b>8986</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T30
<b>26a. Do any of . . . 's children between the ages of 3 and 14 have a long lasting condition that limits their ability to walk, run, or use stairs?</b>	<b>8988</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T30
<b>b. Which children have difficulty with these activities?</b>	Person No.      Name <b>8990</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8992</b> <input type="text"/> <input type="text"/> <input type="text"/> _____ <b>8994</b> <input type="text"/> <input type="text"/> <input type="text"/> _____
<b>CHECK ITEM T30</b> Are any person numbers recorded in items 21b through 26b?	<b>8996</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 28a

# Section 5 — TOPICAL MODULES (Continued)

## Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

(SHOW FLASHCARD BB)

**27. I have recorded that** (Read names of children identified in items 21b—26b) **have difficulty(ies) with certain activities?**

**Which condition or conditions on this card are responsible for these difficulties?**

**Any other?**

### FIRST CHILD

Person No. Name

8998

9000   First condition

9002   Second condition

9004   Third condition

### SECOND CHILD

Person No. Name

9006

9008   First condition

9010   Second condition

9012   Third condition

### THIRD CHILD

Person No. Name

9014

9016   First condition

9018   Second condition

9020   Third condition

**28a. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?**

9022 1 ☐ Yes  
2 ☐ No — SKIP to part F, page 74

**b. Is . . . receiving Social Security disability or SSI benefits?**

9024 1 ☐ Yes  
2 ☐ No — SKIP to part F, page 74

**c. In which of the past 12 months did . . . first receive Social Security disability or SSI benefits?**

9026   Month

x1 ☐ DK

NOTES



# Section 5 — TOPICAL MODULES (Continued)

## Part F — UTILIZATION OF HEALTH CARE SERVICES

<b>1a.</b> During the past 12 months, was . . . a patient in a hospital overnight or longer?	<b>9100</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3</i>
<b>b.</b> How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	<b>9102</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
<b>c.</b> What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i>	<b>9104</b> 1 <input type="checkbox"/> Child birth <b>9106</b> 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) <b>9108</b> 3 <input type="checkbox"/> Other medical <b>9110</b> 4 <input type="checkbox"/> Mental or emotional problem or disorder <b>9112</b> 5 <input type="checkbox"/> Drug or alcohol abuse problem or disorder
<b>d.</b> Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	<b>9114</b> 1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No
<b>2a.</b> Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?	<b>9116</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b.</b> How many nights in all did . . . spend in a hospital of any type during the past 12 months?	<b>9118</b> <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
<b>c.</b> How many of these nights were in the past 4 months?	<b>9120</b> x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>3.</b> During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	<b>9122</b> x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
<b>4a.</b> During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	<b>9124</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } <i>SKIP to 5a</i>
<b>b.</b> How many of these visits or calls were in the past 4 months?	<b>9126</b> <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
NOTES	

## Section 5 — TOPICAL MODULES (Continued)

### Part F — UTILIZATION OF HEALTH CARE SERVICES (Continued)

<b>5a. During the past 12 months, how many visits did . . . make to a dentist?</b> <i>Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.</i>	<b>9127</b>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Times         </div> <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: space-between;"> <span>x1 <input type="checkbox"/> DK</span> <span>x3 <input type="checkbox"/> None</span> </div> <div style="text-align: right;">} <i>SKIP to 6a</i></div>
<b>b. How many of these visits were in the past 4 months?</b>	<b>9128</b>	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Times         </div> <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: space-between;"> <span>x1 <input type="checkbox"/> DK</span> <span>x3 <input type="checkbox"/> None</span> </div>
<b>6a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?</b>	<b>9129</b>	<div style="display: flex; justify-content: space-between;"> <span>1 <input type="checkbox"/> Yes</span> <span>2 <input type="checkbox"/> No — <i>SKIP to Check Item T31</i></span> </div>
<b>b. To what kind of place does . . . usually go?</b> <i>Mark (X) only one.</i>	<b>9130</b>	<div style="list-style-type: none; padding-left: 0;"> <div>1 <input type="checkbox"/> Doctor's office (or HMO)</div> <div>2 <input type="checkbox"/> VA hospital</div> <div>3 <input type="checkbox"/> Military hospital</div> <div>4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military)</div> <div>5 <input type="checkbox"/> Hospital emergency room</div> <div>6 <input type="checkbox"/> Company or industry clinic</div> <div>7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic)</div> <div>8 <input type="checkbox"/> Psychiatric clinic</div> <div>9 <input type="checkbox"/> Psychiatric Hospital</div> <div>10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional</div> <div>11 <input type="checkbox"/> Other — <i>Specify</i> <u>      </u></div> </div>
<b>CHECK ITEM T31</b> <i>Refer to item 27a, page 10.</i> Is . . . covered by a health insurance plan?	<b>9132</b>	<div style="display: flex; justify-content: space-between;"> <span>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item C1, page 79</i></span> <span>2 <input type="checkbox"/> No</span> </div>
<b>CHECK ITEM T32</b> Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	<b>9134</b>	<div style="display: flex; justify-content: space-between;"> <span>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item C1, page 79</i></span> <span>2 <input type="checkbox"/> No</span> </div>
<b>7. I have recorded that . . . is not covered by a health insurance plan. Is that correct?</b>	<b>9136</b>	<div style="display: flex; justify-content: space-between;"> <span>1 <input type="checkbox"/> Correct</span> <span>2 <input type="checkbox"/> Incorrect — covered by some other plan — <i>SKIP to Check Item C1, page 79</i></span> </div>
(SHOW FLASHCARD JJ) <b>8. Which answer on this card best describes why . . . is not covered by health insurance?</b> <i>Mark (X) only one.</i>	<b>9138</b>	<div style="list-style-type: none; padding-left: 0;"> <div>1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment</div> <div>2 <input type="checkbox"/> Employer does not offer health insurance</div> <div>3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age</div> <div>4 <input type="checkbox"/> Too expensive; can't afford health insurance</div> <div>5 <input type="checkbox"/> Don't believe in health insurance</div> <div>6 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance</div> <div>7 <input type="checkbox"/> Able to go to VA or military hospital for medical care</div> <div>8 <input type="checkbox"/> Covered by some other health plan</div> <div>9 <input type="checkbox"/> Other — <i>Specify</i> <u>      </u></div> </div>
<b>NOTES</b>		